

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 05/15/2005		IPFS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 05/17/2005							
		FINANCIAL PAYER: NCDMM							

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	8505	965	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	606	DUPLICATE OF CLAIM-SYSTEM	87	2376	5235	2859
		3404	273	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	84	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	44	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	128	148	20
3404919	GUILFORD CO MEN TAL HEALTHC	8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	117	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	93	606	6954	6348
		8931	68	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1566	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	436	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	2273	3694	1421
		8800	139	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404921	ORANGE PERSON C HATHAM AREA	5312	1776	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	946	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	41	3945	5423	1478
		8599	442	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8599	37	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	6	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	44	292	248
		7001	1	EXCEEDS THE ONE PER DAY LIMITA TION				
3404923	VOFW AREA AUTHO RITY	8505	332	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	98	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	540	2273	1733
		8800	61	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404925	SANDHILLS CENTE R FOR MH/DD	8505	606	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	172	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	42	1054	3082	2028
		8952	115	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	706	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		143	121	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	69	1154	3592	2438
		8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	1939	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	147	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	9	2443	4545	2102
		8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	8505	2047	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	308	DUPLICATE OF CLAIM-SYSTEM	0	2650	3987	1337
		8599	132	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	2285	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	186	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2471	2513	42
3404931	WAKE CO HUM SVC BILLING OF	21	1104	DUPLICATE OF CLAIM-SYSTEM				
		8599	677	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	40	2637	4868	2231
		8505	208	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404932	RANDOLPH/SANOHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	808	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	291	CLIENT NOT ELIGIBLE ON SERVICE DATE	22	1411	3386	1975
		8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404934	ONSLow COUNTY B EHAVIORAL H	8599	220	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	145	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	511	1156	645
		8800	95	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	1568	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	61	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1642	1729	87
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	21	15	DUPLICATE OF CLAIM-SYSTEM				
		8404	7	SEVERE DUPLICATE: SAME ATTD PR OV/P CODE/TOS/DOS/MOD	0	30	1953	1923
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404938	VGFW DBA RIVERS TONE COUNSE	24	24	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	4	32	709	677
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8505	742	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	110	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	956	2581	1625
		8651	31	ONLY FOUR UNITS ALLOWED PER MO NTH				
3404941	PITT CO MH/DD/S AS CENTER	11	992	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	141	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	28	1378	2677	1299
		21	90	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CROWANNE UMAN SERVIC	8505	120	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	236	1136	900
		21	20	DUPLICATE OF CLAIM-SYSTEM				

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3404943	ALBEMARLE MENTAL HEALTH CE	8505	1065	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	44	CLIENT NOT ELIGIBLE ON SERVICE DATE	46	1291	2212	636
		8800	37	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404944	EASTPONTE HUMAN SERVICES	8505	488	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		40	450	DATE OF SERVICE MISSING OR INVALID. VERIFY AND ENTER CORRECT DOS AND SUBMIT	56	1286	2779	1493
		8800	142	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404946	FOOTHILLS AREA MENTAL HEALTH	8599	368	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	349	DUPLICATE OF CLAIM-SYSTEM	26	853	11600	10747
		191	47	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404957	TIDELAND MENTAL HEALTH CTR	8505	361	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	341	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	989	5100	4111
		8800	232	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	8505	659	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	248	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	928	946	18
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE				